



KOOTENAI MEDICAL CENTER
Coeur d'Alene, ID 83814

Patient Name: MCKEE, SHAWN

Date of Service: 06/25/2013

HISTORY OF PRESENT ILLNESS: This is a 31-year-old male patient who presents to the emergency department by ambulance with report of rapidly increasing dyspnea with a history of an upper respiratory infection previously treated with antibiotic. He was reportedly tachycardic, rate 142 en route, but his O2 saturations were 96% en route on oxygen. However, on his arrival to the emergency department bay and being taken out of the ambulance, he went out and quit breathing and he was rushed into a room where he was found not to have a pulse or breathing activity and cardiac resuscitation was immediately initiated with chest compressions. The patient has no prior history in the area and I did not have any history from the family on initial evaluation. However, when his wife came, she gave a history that he had been seen a couple of weeks prior and Lebanon, Virginia where he had gone to the hospital for shortness of breath and he was evaluated there and they apparently had recommended a CT scan. However, he was too large for their scanner table and so he had been released with antibiotics [REDACTED] but he decided he was feeling better and did not want to do that. He subsequently moved from Virginia to here and did so by driving. A few days ago began having some increasing shortness of breath again, but last night it became more severe and he had passed out at least once according to his wife, and today he got markedly worse.

REVIEW OF SYSTEMS/PAST MEDICAL HISTORY: None available initially, except for history of upper respiratory problems. He is a very large, obese male who weighs greater than 400 pounds according to his spouse and certainly appears in size to be over 400 pounds. On presentation, he had no pulses, no respiratory effort. Pupils had already become dilated, but were somewhat reactive.

PHYSICAL EXAMINATION:

GENERAL: He had a quick initial exam.

LUNGS: No air movement. He was being bagged initially and had cardiac compressions.

ABDOMEN: Obese.

EXTREMITIES: Obese, but no obvious acute swelling anywhere.

EMERGENCY DEPARTMENT COURSE: I immediately opted to intubate the patient, but did not require any type of paralyzation. The patient was intubated by me with an 8 tube without difficulty on first attempt, had good color change on the telemetry device and then he was actively back. Initially, he had some agonal respirations. The patient had lines established quickly. He was given IV epinephrine. He got a pulse step back briefly a couple times, but then his rhythm deteriorated. I was able to get an EKG before it deteriorated and it showed a right bundle-branch block. There were some P waves, but not entire strip. The resuscitative efforts were carried out with ongoing compressions and bagged respirations. Multiple doses of epinephrine and a blood gas obtained from the right femoral puncture that was done by me with a Betadine prep. I was able to get a blood gas which gave me electrolytes as well. The pH was 6.974, pCO2 of 67.4, pO2 of 53. The sodium was normal, potassium was 5.08, calcium 4.5, chloride 106, glucose 307. The patient had a normal [REDACTED] and hemoglobin. The patient was given bicarb x2 and ongoing epinephrine doses, but he deteriorated into a bradycardic PA rhythm. Ultrasound was placed on his chest and he had no significant cardiac contractility. No evidence of a pericardial effusion was seen. The resuscitative efforts were initiated at 9:43 at his arrival and were discontinued at 10:16 and he was in agonal rhythm at that time. The patient's labs had been drawn as part of this process and revealed a white count of 19.9, platelets 412,000. Normal hemoglobin and hematocrit. His PT and PTT were within expected limits. D-dimer was elevated at 32.6. Chemistries: Creatinine was 1.5, anion gap was 19. AST of 49, ALT of 75, myoglobin 191 and troponin 0.08.

EMERGENCY DEPARTMENT DIAGNOSIS: Cardiopulmonary arrest, unsuccessful resuscitative efforts with the patient being coded over 30 minutes and being urgently and early able to get the patient intubated had IV access early in his presentation. The surrounding history, his weight, and symptomatology also suggest the probability is fairly high that he had a pulmonary embolus. I discussed the patient's findings and history with Deb Wilkey, Coroner. She plans to have a POST done. I also

Name: MCKEE, SHAWN
Acct #: KM0009612904
MR #: KM00447053

Status: DEP ER
Rm/Bed:
Provider: Paul F Paschall MD

EMERGENCY DEPARTMENT
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KOOTENAI MEDICAL CENTER
Coeur d'Alene, ID 83814

spent time discussing with the wife the resuscitative efforts and history, and the patient expired at 10:16 a.m.

Paul F. Paschall, MD**

PFP:jcc

Job ID:1703434 Doc ID:1961294
D:06/25/2013 13:46:12 T:06/25/2013 14:13:04

<Electronically signed by Paul F Paschall MD> 07/13/13 0708

Rpt #: 0625-0259

CONFIDENTIAL DOCUMENT - RELEASE ONLY WITH PROPER AUTHORIZATION

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EMERGENCY DEPARTMENT
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MCKEE, SHAWN

Fac: Kootenai Medical Center
31 M 05/08/1982Loc: EMERGENCY DEPARTMENT
Med Rec Num: KM00447053Bed: -
Visit: KM0009612904

Laboratory Fishbone

06/25/13 09:46

06/25/13 09:46

Laboratory Results

	06/25/13 09:46	06/25/13 09:55	06/25/13 09:56
WBC	19.9 H		
RBC	5.10		
Hgb	14.9		
Hct	47.8		
MCV	93.6		
MCH	29.2		
MCHC	31.2 L		
RDW	14.8		
Plt Count	412 H		
MPV	8.8		
Neut %	71.9		
Lymph %	17.6		
Mono %	9.4		
Eos %	0.2		
Baso %	0.9		
Absolute Neuts (auto)	14.3 H		
Absolute Lymphs (auto)	3.5 H		
Absolute Monos (auto)	1.9 H		
Absolute Eos (auto)	0.0		
Absolute Basos (auto)	0.2 H		
Total Counted	100		
Neutrophils % (Manual)	63.0		
Band Neuts % (Manual)	3.0		
Lymphocytes % (Manual)	16.0		
Monocytes % (Manual)	10.0		
Eosinophils % (Manual)	0.0		
Basophils % (Manual)	0.0		
Neutrophils # (Manual)	13.1 H		
Variant Lymphocytes	8.0 H		
Platelet Estimate	Increased		
Anisocytosis	Slt		
Microcytic Cells	Occ		
PT		11.9 H	
INR		1.2	
PTT		21.0 L	
D-Dimer Quant (PE/DVT)	32.60 H		
ABG pH			6.97 L*
ABG pCO2			68 H
ABG pO2			53 L

Continued on Page 12
Complete EDM Record

MCKEE, SHAWN

Fac: Kootenai Medical Center

Loc: EMERGENCY DEPARTMENT

Bed: -

31 M 05/08/1982

Med Rec Num: KM00447053

Visit: KM0009612904

Laboratory Results - Continued

ABG HCO3			15 L
ABG Total CO2			17 L
ABG O2 Sat (Measured)			59 L
ABG Base Excess			-17.1 L
ABG Hemoglobin			14.2
ABG Carboxyhemoglobin			0.8
ABG Methemoglobin			0.4
Vent Mode			Ppv
FIO2			100.0
Sodium	140		144
Potassium	4.6		5.1 H
Chloride	102		106
Carbon Dioxide	19 L		17 L
Anion Gap	19 H		
BUN	17		
Creatinine	1.50 H		
Estimated GFR	55 L		
Glucose	199 H		307 H
Calcium	9.6		
Ionized Calcium			4.50 L
Total Bilirubin	0.5		
AST	49 H		
ALT	75 H		
Alkaline Phosphatase	71		
Creatine Kinase	213		
Myoglobin	191 H		
Troponin T	0.08		
Serum Total Protein	8.5 H		
Albumin	3.3 L		
Globulin	5.2 H		
Albumin/Globulin Ratio	0.6 L		
Draw and Hold	62513		

DC Disposition

DC Disposition

Start: 06/25/13 09:42

Freq:

Status: Discharge

Created 06/25/13 09:42 System (Rec: 06/25/13 09:42 System KM-EDPC1)

Document 06/25/13 14:07 NJD3 (Rec: 06/25/13 14:09 NJD3 KM-EDPC032)

DC Disposition

IV Stop Time Documented

Not Applicable

IV to Continue on Transfer

SEE CODE BLUE SHEET

Edit Status 06/25/13 14:10 BKG DAEMON (Rec: 06/25/13 14:10 BKG DAEMON KOM-BG08)

Active=>Discharge

Clinical Data

Does Patient Have a Medical Advance Directive	No
Preferred Language	English

Continued on Page 13

Complete EDM Record

MCKEE, SHAWNFac: Kootenai Medical Center
31 M 05/08/1982

Loc: EMERGENCY DEPARTMENT

Med Rec Num: KM00447053

Bed: -

Visit: KM0009612904

Clinical Data - Continued

Condition	Expired
Visit Reason	CODE BLUE/B,B126669

Diagnosis Code	Name
427.5	CARDIAC ARREST
278.01	MORBID OBESITY

Current DiagnosisMORBID OBESITY (06/25/13)
CARDIAC ARREST (06/25/13)

06/25/13 10:21	Pulse 70
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User Key

Monogram	Mnemonic	Name	Provider Type
	BKG DAEMON	Daemon, Background	
	GWS2	Sande, Grant W	Registered Nurse
	NJD3	DeAustin, Nancy J	Registered Nurse
	PMS10	Stone, Patricia M	Health Unit Coordinator
	SSS3	StJohn, Susanne S	Respiratory Therapist

Printed on 01/19/15 14:49
Complete EDM Record

Pre-code History / Comments:

Diff. breathing SOB - increased gaseous intractable and went
apnea 2 weeks. bronchitis - finished anti biotics. EMS started
IV and given 1 neb - pt pulled out IV

Date 6/5/13 Time Event Recognized 0943 Location ER Bay Witnessed: ☒ Y ☐ N

Did patient have a pulse? ☒ Yes ☐ No

CPR started when event recognized? ☒ Yes ☐ No

CPR started for: ☒ No pulse ☐ Weak pulse

Conscious at Onset? ☒ Yes ☐ No Monitoring at Onset: ☐ ECG ☒ Pulse Oximeter ☒ Apnea

IV Access @ Onset: ☐ Central ☒ Peripheral ☐ Intraosseous Weight 400 Height 5'10"

CO2 applied NC/mask Breathing @ Onset

☒ Spontaneous ☐ Apneic ☐ Agonal ☐ Assisted (BiPAP, CPAP, or Mechanical Ventilation prior to code)

Interventions

Time of First Assisted Ventilation: 0944

Ventilation: ☐ BVM ☒ ETT ☐ Trach

(✓ any and all ☐ Other: _____
used during code)

Intubation: Time: 0945 Size: 8 cm

By Whom: Dr. Paschall

Confirmation(s): ☐ Auscultate ☒ CO2 Detector ✓

☒ Continuous Capnography ☐ Chest Xray

☐ Other: _____

Time Resuscitation Event Ended

Reason Resuscitation Ended:

☐ Survived Return of Circulation

☒ Died - Efforts Terminated

Code Team Members: Paschall

MD in Charge: Dr. Paschall

Respiratory Therapist: Jen

Medication Nurse: D

Monitor Nurse: Grant

Recorder: A. DeLeon

Pharmacist: John Mo

Others Present: _____

(Person Giving Meds. & MDS)

	Vital Signs					CPR					Emergency Drugs/Route & Dose					IV Fluids and Drips / Dose					
Time	B.P.	Rate	Resp.	SpO2	EtCO2	Rhythm	Pulse Present	Ext. Pacer On	Chest Compressions	Vented Per AMBU	Defibrillation Cardioversion	Epinephrine	Atropine	Lidocaine	Amiodarone	NS Saline	Dopamine	Lidocaine	18 ga IV NS	18 ga IV	Perip Resp
0944							<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								EMS
0946			20		12	ST	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								Dr. Paschall
0950		142	20			ST	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											Pharmacist
0951	105/45	142	20				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											EKG
0952		92	20	91	11		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>									BS
0954		110	20				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>											ABG
0955		106	20		10		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											

Attending Physician: Dr. Paschall

Time Notified: 0943

Family Notified: ☒

Pink - Pharmacy, White - Chart, Yellow - Performance Improvement

MCKEE, SHAWN

KM000612904

Date of Service: 06/25/13

Sex: M Age: 31 DOB: 05/08/1982

MR#: KM00447053

Paschall, Paul F MD



Proxy
Lamisil
Keto lac
Terbinafine
NKDA

KOOTENAI
Coe

CODE B

999999-

Time	Vital Signs					CPR					Emergency Drugs Route & Dose					IV Fluids and Drips / Dose					Perf Resp
	B.P.	Rate	Resp.	SpO2	EtCO2	Rhythm	Pulse Present	Ext. Pacer On	Chest Compressions	Vented Per AMBU	Defibrillation Cardioversion	Epinephrine	Atropine	Lidocaine	Amiodarone	50 mg 1 Amp IV B1-Car b	Dopamine	Lidocaine	NS IV fluid		
0957	105/49	11	15	99	8	CPR	✓		✓	✓		1 mg							NS IV fluid		11/10
1000		11				CPR	✓		✓	✓						✓					RT 02
1004	102/45	12	15			CPR	✓		✓	✓		1 mg									58 p
1005					12	CPR	✓		✓	✓						✓					CPR 0
1010		92			79	CPR	✓		✓	✓											LS -
1011	101/43	142	16	84	13	CPR	✓		✓	✓		1 mg									1000
1012		140		88	15	CPR	✓		✓	✓											
1014	93	93	15	89		CPR	✓		✓	✓											Rm d
1014		31	15		12	✓	✓		✓	✓											D.C.
1015						CPR	✓		✓	✓											0/0
1016		21	✓			YEA	✓		✓	✓											Code
																					RT 0
1020																					Team
																					attn
																					idiot
1055																					seel
																					Eyes
1115																					See

Physician Initials: 

Pink - Pharmacy, White - Chart, Yellow - Performance Improvement

MCKEE, SHAWN

KM0009612904

Date of Service: 06/25/13

Sex: M Age: 31 DOB: 05/09/1982

MR#: KM00447053

Paschall, Paul F MD



KOOTEN
Coe

CODE E

999999

03430.000 - Shawn Mathew McKee

03430.0